DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral H 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY b. COUNTY St, Mary's by the MARYLAND death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à write RURAL and give nearest town) sapers. Pages 1 a 72 hours after d ADOOMS (SACK) Leonardtown D.O.A. Rural Abell d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Mary's Hospital YES NO A 3. NAME OF Middle 4. DATE Month Day DECEASED OF 19 61 (Typa or print) MAXX Mae DEATH 12, Cora Arnold August carbon 00 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. physician and iast birthday) Months Davs Hours Female White WIDOWED DIVORCED event, 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? гетоуе done during most of working life, even if retired) U.S.A. Maryland Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Effie Curry J. Woodley Buckler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) Abell, Maryland ician. by the KKK Garnett L. Arnold permit. 1B. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] INTERVAL BETWEEN attending physiciar as been signed by ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) + destetie certificate has been signer use as the burial-transit DUE TO Conditions, gave rise to immediate cause DUE TO (a), stating the undarlying the burial, causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ospital PERFORMED? 2 0 NO 1 Prior 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH Health DIRECTOR: After the (IF EITHER, NOTIFY MEDICAL EXAMINER! 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20t. (City or town) (County) (State) factory, street, office bldg., etc.) Not While ö at work al work 19 (d., that (l) (we) last 6.1, and that death occurred at 9.4. M, from the causes and on the date stated above. 22b, DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Leonardtown, Maryland Charles Greenwell M.D. filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stata) Burial (Specify) Sacred Heart Cemetery Md. Bushwood. 品诗 OH 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 9/60 O.TLAR & Kealls W. Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPY. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: lesidence before edmission) Page e. COUNTY files. St. Mary s MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. write RURAL and give nearest lown) Rural Comp ton Bethesda 14. Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar IS RESIDENCE retained he State B 6905 Wilson Lane YES NOT 3. NAME OF First Middle 4. DATE Month Des DECEASED the (Type or print) William DEATH Henry Baltz August with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and 3! JF UNDER 24 HRS. 2 wiff s 1, 2, and 3 age 5 may 1 end 2 will 72 hours lest birthdey) Months Devs Male WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? This certificate should be executed within 24 hours at word "pending" in pencil in Item 18. Give Peges 1, 2 dical Examiner's Office along with form PM3. Page uld be used as a burial-transit permit. File pages 1 em done during most of working life, even if retired) Washington, D. C. U.S.A. pages 1 STUDENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry J. Baltz Helen Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Henry J. Baltz (Yes, no, or unkown) | (If yes give wer or dates of service) Father No None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN 2 ONSET AND DEATH DEATH WAS CAUSED BY. and Fractured Skull IMMEDIATE CAUSE (a) Immed. removal, DUE TO Conditions, if env. which (b) execute the certificate, writing frie word "pending" Id be forwarded to the Chief Medical Examiner's CIERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (e), steting the underlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? Multiple Injuries 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, CAUSE OF DEATH. Ran off road at high rate of speed 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) EDICAL EXAMIN 20c. TIME OF INJURY Month, Dev. Yeer (County) fectory, street, office bldg., etc.) Not While st work X Rose Bank Road Compton. stow to St. Marv 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident K Suicide I Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 23/61 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) William D. Boyd M.D. Address (Street, city, town, or county) please 4 shoul O FUN 228. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) OH 6 Cremation Cedar Hill Crematory Suitland
| 248. REC'D BY REGISTRAR | 24b. Suitland Maryland REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Bethesda, Maryland DATE AUG 2 8 '61 Robert A. Pumphrey arthur & Kings 5M 7/59

ON A FARM?

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/			's Hospita	<u> 1</u>		,				YES NO X
		NAME OF DECEASED	Fi	îrst	Middle	last	4. DATE OF	Man	th	Day Year
ı	-	(Type or print)	Bab		Girl	Binder	OF DEATH		st 2,	19 61
	5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED 🔝	B. DATE OF BIRTH	9	AGE (In years last birthday)	Months Day	AR IF UNDER 24 HR
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		none				Md	•		U.	S.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		John Jos	seph Binder			Myrtle	Cecelia	a Bragg		
	15. (Ye			RCES? 16.	SOCIAL SECURITY NO.	FORMANT		Adde	ess	1
ľ		no			none	Mrs. Grady E	ragg, C	harlotte	Hall,	Md.
		18. CAUSE OF DEA	ATH [Enter anly ane c	ause per li	ne far (a). (b), and (c).]	r A	1)	1	116	TERVAL BETWEEN
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		gave rise to in	mmediate (b)						
		lying cause last.	the under-	[c]		^				
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	CATION				remakent	Mich	-			PERFORMED?
	15.	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	n Part I ar Part I	l af item 18.)		
	CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
ı	CAL	20c. TIME OF INJUR	Y Month, Day, Ye	ear 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, fa	rm, 20f. (Çity c	r tawn)	(Cauni	ty) (Stat
	MEDI	Haur a.m. p.m.	19	While at war	Nat while	tary, street, affice bldg., e	ric.)			
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		SIGNATURE	10 yr	ny	,	A.D				
		PHYSICIAN'S		0		Mechan	nicsvill	le. Md.		
	20	NAME (Type)								
	420	BURIAL CREMATIO	N. 22b. DATE THERE	OF .	22c. NAME OF CEMETERY OF	CREMATORY	2d. UGCATIO	ON (City, town, t	or county)	In (State)
1	/	nual	101314	1	- y moyen		X-long	11/11/11	POANS SIGNAS	110
	123.	FUNERAL DIRECTOR	SSIGNATURE	~ //	ADDRESS /	/ 24a PF	C'D BY REGISTR	AR [24b. REGT:	STRAR'S SIGNAT	UKE
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TO HOSPITAL OR ATTENDING TAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After that certificate has been signed by the attending physician and congretely. It is not to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. in 24 hours after

VR A15 (4) 15M 9/60

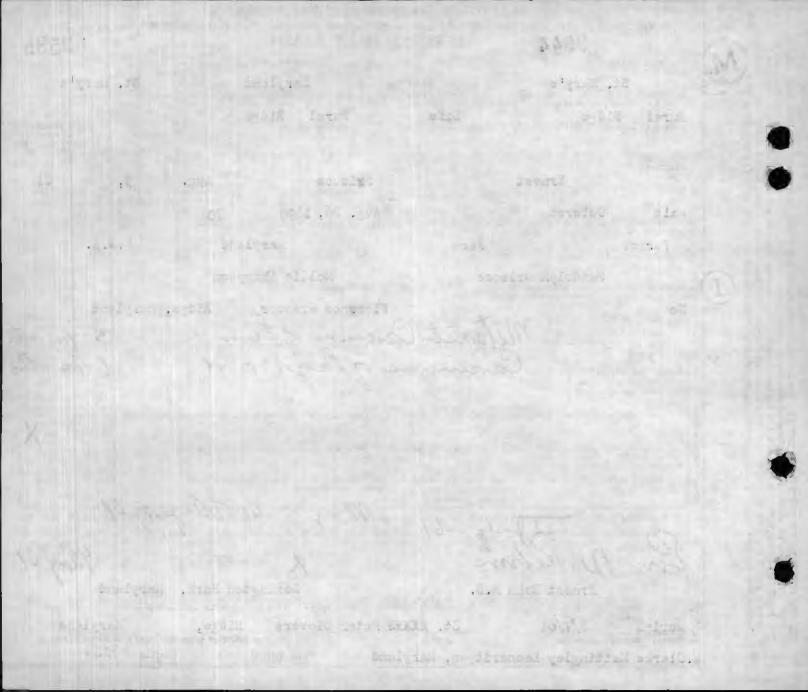
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9544

CERTIFICATE OF DEATH

PLACE OF DEATH	I			11 2	. USUAL RESID	ENCE (When	decessed live	d. If institu	tion, Residen	on before ad	mission
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	give neerest town)	"		X 1. 10	1	** (11 0013100 1	orporoto intitio,	dillo Kok	ric ond give		,
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NAME OF			1071							-	L
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(Type or print)	Ernes	t.		Ba	iscoe	DEA	TH Aug.		3.	19	61
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	ION (Give kind of work orking life, even if retired		OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (C	ounty & State.	or foreign cou	ntry) 1	2. CITIZEN C	OF WHAT CO	DUNTR
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1 PARTIES O PRINTE					. MOTHER S MAIL	ELI THEORY					
	Randolph B	riscoe			Mollie	Thomp	son				
. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SC	CIAL SECURITY	NO. 17. INF	ORMANT			dress			
	fyesgive wer or detes of se	rvice)									
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TO HOSPITA A ATTENDING IN Stollars: The law requires that the death certificate be executed within 24 hours after death. Page as be retained by the capital or attending physician.

S TO FUNERAL DIRECTOR: After this fertificate has been signed by the attending physician and comparely find in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any levent, within 72 hours after death.

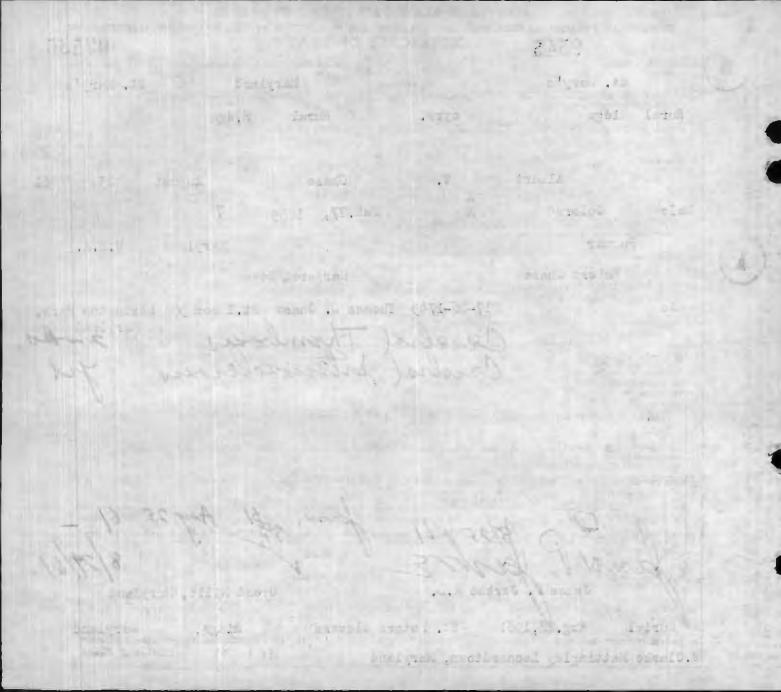
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 9545

09536

1. PLACE OF DEA	ATH				institution: Residence before admission
	St. Mary's	MARYLAND	a. STATE Ma.	ryland b. coun	St. Mary's
write RURAL	'N (if outside corporate limits, and give neerest town)	c. LENGTH OF STAY IN 15	32	(If outside corporate limits, write	RURAL and give necrest town)
	Kildge SPITAL OR INSTITUTION (if not in	harrital give street address?	Rural	Radge	e, IS RESIDENCE
u, NAME OF TO	SPINE OR INSTITUTION (II NOT IN	nospilai, give sireel eduloss)	d. STREET ADDRESS.		ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Dey Year
(Type or print)	Albert	٧.	Chase	DEATH Augus	
5. SEX	6. COLOR OR RACE 7. MAR	RIED K NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers lest birthdey)	Months Days Hours Min.
Male	Colored wibo	WED DIVORCED T	b.27. 188	3 78 yrs.	Monins Days Hours Min.
	PATION (Give kind of work working life, avan if retired)	. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Con	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	rmer			Maryland	U.S.A.
13. FATHER'S NAM	E		14. MOTHER'S MAIDE	N NAME	
	Robert Chase		Margaret	Beam	
		16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addrass	
No.	(If yes give wer or dates of service)	217-26-1743 Thor	nee I. Chees	D4 1 Pam 304	Tambo od av Da Ola
	P DEATH (Entar only one sauce p	er line for (a). (b) and (c).)	TOP TO GITTE	WILL BOX JOY	Lexington Park
	EATH WAS CAUSED BY:	7 0 0 0			Mary based and DESTIN
11.	IMMEDIATE CAUSE (+)	riela	1 mm	vokes	I was
33	DUE TO	1. 1	CHO.	1 //m 1	
Conditions, if		Erstral,	Aveno	Telesopes	TIX
gava rise to imm	DUE TO				// '
couse last,	(c)				0
Z PART II. OT		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART I(+) 19. WAS AUTOPSY
0110		•			PERFORMED?
O ACCIDENT	WAS UNDERLYING [206.	DESCRIBE HOW INJURY OCCURED	(Enter nature of Injury I	o Part I or Part II of Jam 18)	(18 [] NO []
OR CONTRIBUTE	ING CAUSE OF DEATH	DESCRIBE HOW INJOKE OCCURED	frings nature or infait in	Trail of the trail of the trail of	
20c. TIME OF II		f 4	CE OF INJURY (Home, le		(County) (Stele)
Hour a.i	100	hile Not While Pact	ory, street, office bldg., e	rc.)	
			Tax and	who here	75 10 / land (1) (m) to
21, I centify	y that (1) (this hospital) att	1 11	/-	280 / 1/	43, 19.6. that (I) (we) las
	eased alive on		death occured at	am, from the Causes	and on the date stated above
228. SIGNATU	may I by	1/75 M	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	8 29/L SIGNE
220 PHYSICIAL		1	22d. ADDRESS		1-1/0/
NAME (T	James F/ Jar	boe M.D.		Great Mills, M	arvland
220 RUBIAL CDEM	AATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, for	
REMOVAL (Space	cifyl !/ .				
' Burial	Aug. 28, 1961	St. Peters		Ridge	Maryland
24 FUNERAL DIRECT		ADDRESS		EC'D BY REGISTRAR 256, RE	0 10
W.Clarke N	Mattingley Leona:	rdtown, Maryland	DATE	SEP 1 '61 C	irthug S. Thank



R ATTEND
Ay be retaine
DIRECTOR:

TO HOSPITA death. Page TO FUNERAL

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Fin & agranted - " .

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution, Residence b. CITY OR TOWN (I outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) LEONARDTOWN ___ d. NAME OF HOSP TAL OR, INST TUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF 4 DATE Year Month DECEASED (Type or print) DEATH 19 NEVER MARRIED 1 8. DATE OF BIRTH JE UNDER 24 HRS. last birthday) Months | Days Hours MIDOWED I DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if relired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMA [Yes, np, or unkown) | [Ifyesgivawarordelesofservice] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: 06 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED? NO NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part 1 or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20th INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from 6/24 2014 19 and that death occurred a from the causes and on the date stated above saw the deceased alive on...... SIGNATURE ATTENDING 띡 death, Page 3 description, page 3 be filed with PHY5. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S 123c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 236 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S **ADDRESS** VR A15 (4) AUG 3 1 '61

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY St. Marv's St. Mary MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete I mits, write RURAL and give neerest town) e. LENGTH OF STAY IN 16 write RURAL end give nearest town] days Clements 5 Leonardtown Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE STREET ADDRESS ON A FARM? YES X NO St. Mary's Hospital NAME OF Year Middle 4. DATE Month DECEASED OF (Type or print) DEATH 1961 Noble Edward Farrell August carbon nt, withir AGE (In yeers IF UNDER I YEAR 5. SEX 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) and Months Days 63ym. WIDOWED [DIVORCED March 3,1898 Male White physician 10e. USUAL OCCUPATION IG ve kind of work 12. CITIZEN OF WHAT COUNTRY? TOP KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Maryland Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Charles C. Farrell Susie Knott atten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Then (Yes, no. or unknwn) ! (If yes give we rar detes of service) Clements. Maryland Mary Lillian Farrell Φ 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b , and (c).] signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO been: Conditions, if any, which (61 geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO Prior 208. ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 201. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year While THE WOOD OF factory, street, office bldg., etc.) MEDI Hour a.m. Maria at work at work 500 p.m. 21. I certify that (I) (this hospital attended the deceased from Jufus ... to Compa () 1, 196 1, that (1) (we) last saw the deceased alive on DATE 226. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHY5. PHYS. M.D. death. Page TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME \(Type) filled v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State) REMOVAL (Specify) の音品 Burial Sacred Heart Maryland 8/24/61 Bushwood. ADD RESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) AUG 2 4 '61 15M 9/60 W.Clarke Mattingley Leonardtown. Maryland arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS

death certificate be



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9549 USUAL RESIDENCE (Where daceased lived, if institution, Res dence before admiss' . PLACE OF DEATH a. COUNTY. MARYLAND b, CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If optside corporate limits, write RURAL end give nearest town) LISONARD 0 W d. NAME OF HOSPITAL OR INSTITUTION of in hospilar, . IS RESIDENCE ON A FARM? YES NO X NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH IF UNDER 24 HRS. SEX 9. AGE (in years UNDER 1 YEAR RACE 7. MARRIED NEVER MARRIED X last birthday) Months WIDOWED ! 1 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT foreign country done during most of working life, even il retired) 13 FATHER'S NAME affen 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (lives give war or dates of service) 18. CAUSE OF DEATH Enter only one cause ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), staling the undarlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8] 19. WAS AUTOPSY PERFORMED? NO X 20a ACCIDENT WAS UNDERLYING LOOK CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF NJURY (Home, farm,) 20f. [City or lown] (County) (Stale) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work (J, that (I) (we) last DIRECTO , and that death occured at.........M, from the causes and on the date stated above saw the deceased alive on 22a, SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. death. Page director, page be filed with th 22d. ADDRESS PHYSICIAN'S MAME (Type) (State) BURIAL, CREMATION, OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OL 25e. RECHRAIN 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 2.2.78141X

MARYLAND STATE DEPARTMENT OF HEALTH



ISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W	/. PRESTON
	9550	CERT	IFICATE	OF	DEATH

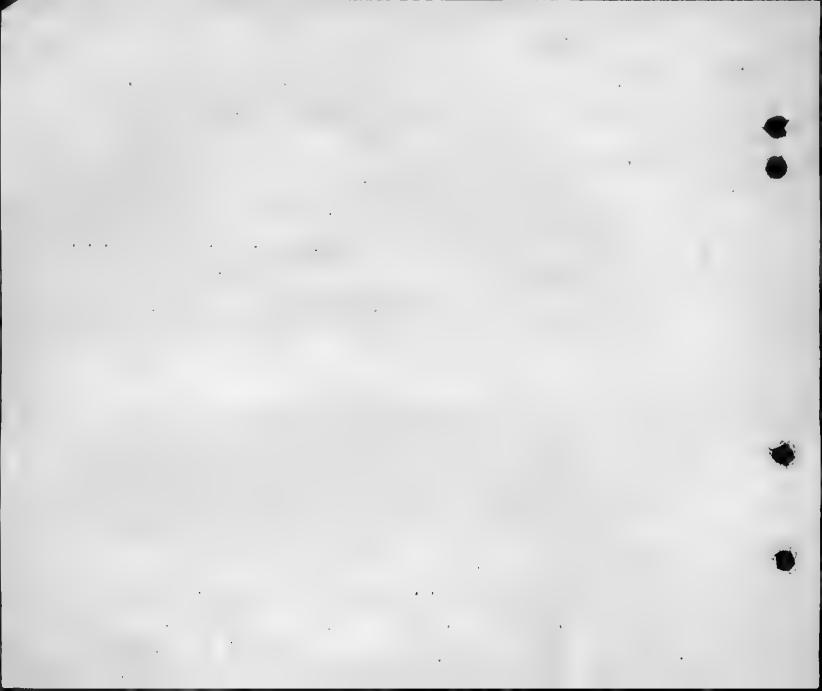
W.Clarke Mattingley Leonardtown, Maryland

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2,	USUAL	RESIDE	NCE	(Whare	dacassad	hvad,	If institution	nı Rasidanca	before	admission
	a. STATE		_			b. CO	UNTY			1

I. PLACE OF DEATH a. COUNTY		E (Where deceased lived, If institutions Residence before admission)
St. Mary's	MARYLAND a. STATE Mary	land St. Mary's
b. CITY OR TOWN (if outside corporate limits, c. LENGT write RURAL and give neerest town)	H OF STAY N 16 c. CITY OR TOWN (I	outsida corporata limits, writa RURAL and give nearest fown)
	ife Rural	Compton
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s	traet address) d. STREET ADDRESS	. IS RESIDENCE
	1	ON A FARM? YES X NO T
3. NAME OF First	M ddle Last	4. DATE Month Day Year
DECEASED		OF CONTRACTOR OF
perby Ale	kander Lucas	19. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS.
7, MARRIED NEVE		last birthday) Months Days Hours Min.
	DIVORCED May 7 1905	56 уп.
10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUS done during most of working life, even if relired)	SINESS OR INDUSTRY 11, BIRTHPLACE (County	
Waterman_	Compton,	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME
Charles Lucas	Не	len Martin
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SE	CURITY NO., 17. INFORMANT	Address
(Yes, no, or unkown) (If yes give war or dates of service)	KKIKK Sidney Lu	cas Compton, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a),		/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	au Coulle It	CONSET AND DEATH
IMMEDIATE CAUSE (a)	- come 10	
Conditions, if any, which a blord a	T. 600 / Tame	Theplanter,
Conditions, if any, which (b) gave rise to immediate cause	crasin super con	Traparies,
(a), stating the underlying DUE TO		
cause last. (c) '^\\\\		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINA	ALD SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	/ INJURY OCCURED, (Enter nature of injury in Pa	art I or Part II of Itam 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	CURRED . 20s. PLACE OF INJURY (Homa, farm.	20f. (City or town) (County) (Stata)
Hour s.m. Whila No! W		
p.m. 19 al work al w		31 / 5/
21. I certify that (I) (this hospital) attended the	/ / · · · · · · · · · · · · · · · · · ·	9.3 6 to May 2.6, 19.6/, that (1) (we) las
saw the deceased alive on and 24 19	., and that death occured at	AM, from the causes and on the date stated above
220, SIGNATIONE	ATTENDING M	ED. STAFF 22b. DATE SIGNED
Was free med		RECTOR PHYS.
22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS	
Charles Greenwell	M.D. Leo	nardtown, Maryland
	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (Stale)
Burial 8/30/61 St.	Paul	Leonardtown, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE AD	DRESS 25a. ALGO	WEGISTRAR 256. REGISTRAR'S SIGNATURE
W.Clarke Mattinglar Leanandtown		Cirthur S. Through

DATE

VIII A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY **b.** COUNTY St. Mary MARYLAND Maryland St. Marv's CITY OR TOWN (if outside corporate limits, pue c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give neerast town? Leonardtown dav Great Mills. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) A STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Mary's Hospital YES NO NAME OF Middle 4. DATE Yeer DECEASED OF (Type or print) Douglas DEATH Thomas Matthews Jr. within August 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER) YEAR IF UNDER 24 HRS. lest birthday) Months Male White Aug. 7,1961 WIDOWED [10e. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Douglas Matthews Julia Ann Wood ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Father Same as 18. CAUSE OF DEATH [Enter only one cause per line fonte, (b), and (c).] INTERVAL BETWEEN tra er anial Eleding? PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (+) DUF TO Conditions, if ny which (b) gave rise to immediate couse DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2 S PERFORMED? Prior 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of Jam 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f, (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While at work al work 21. I certify that (I) (this hospital) alfended the deceased from. 19....., that (I) (we) last . M, from the causes and on the date stated above., and that death occured at.... saw the deceased. 22b. DATE 22a SIGNATURE ATTENDING, MED STAFF SIGNED diector, par PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Mechanicsville, Maryland 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) 9/61 Great Mills. Holy Face Cemetery Md. 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 [4] 15M 9/60 W.Clarke Mattingley Leonardtown, Maryland AUG 2 1 '61. Contlant of trans

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STATISTICAL RES TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution: Rasidance before admiss on) a. COUNTY a. STATE b. COUNTY by the and 2 seed death. Maryland St. Mary's St. Mary's MARYLAND b CITY OR TOWN (if outside corporete I mits. E LENGTH OF STAY IN 16 write RURAL and give nearest town) Rura 1 Tall Timbers 40 years Tall Timbers Rumal d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF 4. DATE M ddle Last Month DECEASED OF (Typa or print) DEATH Meatyard Marie Helene August carbon 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH last birthday) and Months WIDOWED X Female DIVORCED Oct. 10n. USUAL OCCUPATION (Give kind of work physician гещоме 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratirad) House wife Washington, D.C. sician, d by the attending phy permit. Then please re-removal, and in a 13. FATHER'S NAME Mary Juenemann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas give war or dates of sarvice) No F.Archibald Meatyard 9508 Page Ave. None permit. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).) Bethesda, Maryland or affending physicia s has been signed by he burial-transif perm PART I. DEATH WAS CAUSED BY: INFARCTION OF MYOCARDIUM IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC CORENARY THROMEOSIS Conditions, if any, which (b) gava risa to immadiata causa DUE TO (a), stating the underlying the ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY prior 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of in ury in Part I or Part II of Itam 18) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After th defached 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Homa, farm, ' 20f., (City or town) Month, Day, Year factory, streat, offica bldg., atc.) Not While While House a.m. at work at work AUG 20, 19. saw the deceased alive on ATTENDING STAFF MED 3 DIRECTOR PHYS. PHYS. death, Page page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Leonardtown, Maryland Oharles Greenwell M.D. rector, I 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) ÷ 2 .1961 St. George Episcopal Valley Lee, Buria! 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

W.Clarke Mattingley Leonardtown, Maryland

RYLAND STATE DEPARTMENT OF HEALTH

St. Mary's

Day

Days

(County)

arthur & Krous

DATE NIG 2 4 '61

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

Alta Vsta

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO F

(Stata)

22b DATE

(Stata)

Md.

/SIGNED

a. IS RESIDENCE ON A FARM? YES NO X

Year

1961

ATTENDI ay be retained DIRECTOR: A

10 VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

955 3 CER	TIFICATE OF DEAT	H	09544
	MARYLAND . STATE M	aryland b. COUNTY	St. Mary's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leonardtown 24]		N (If outside corporate limits, write R away	URAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sire St. Nary's Hospital	d. STREET ADDRES	55	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First Middle Care of Print Baby Girl	Nelson	4. DATE Month OF DEATH Aug. 2	Day Yeer 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER White WIDOWED DE	MARRIED Aug. 1, 1961	9. AGE (In yeers IF last birthday) yrs.	UNDER 1 YEAR IF UNDER 24 HRS.
done during most of working life, even if relired	NESS OR INDUSTRY 11. BIRTHPLACE (Co	ounly & Stale, or foreign country) Maryland	U.S.A.
Joseph P. Nelson	Phyl	is Ann Readman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unkown) (Ifyesgive war or dates of service)		Same #8 2	
Conditions, if any, which gove rise to immediate couse (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	I IN PART I(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	NJURY OCCURED. (Enter nature of injury	in Part or Part of item 18.)	PERFORMED? YES NO .
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU While Not While p.m. 19 al work et work			(County) (State)
21. I certify that (I) (this hospital) attended the desaw the deceased alive on	// - // -	AM, from the causes ar	that (I) (we) last on the date stated above
22c. PHYSIGIAN'S MAN TYPE!	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF	8/4/6
James P. Jardor M.	E OF CEMETERY OR CREMATORY	23d, LOCATION (City, town	ryland / or county) (State)
	. George	Valley Lee,	Md.

d in by the funeral Fages 1 and 2 should papers. Fages I and 2 n 72 hours after death. stely TO HOSPITE OR ATTENDING TAYSICIAN. The law requires that the death certificate be exected asth. Part may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate lies been signed by the attending physician and confined or page 3 should be detached for use as the burial-transit permit. Then please remove carbon per be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4) 15M 9/60

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within 24 hours after

English test Break St. Tall a landyra leanite de la 1 - Mil | No Lot - 1925 1694 -44 .00 Mary Mary 2002 doming of classes Stag stant Tadton The second second scales , with the - 1 30 LA . OC 11. The 1925 will The contract to the contract t

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TO FUNERAL DIRECTOR:

1SM 9/59

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prior

Board

page 3 sh the State 09545

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND St. Marys St. Marys Marvland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Ridge Leonardtown d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Rural YES NOT Marys Hospital NAME OF Middle 4. DATE Lost Month Day Year DECEASED Infant Girl Simmons DEATH August 61 (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours DIVORCED [7] WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Johnie W. Simmons Louisa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Johnie W. Simmons -Ridge. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Efter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (Stole) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. Not while While at work of work p. m 21. I certify that (1) (this haspital) attended the deceased fram. , that (I) (we) last and that death occurred saw the deceased alive an M, fram the causes and an the date stated above. 220. SIGNATURE 226. DATE SIGNED ATTENDING PHYS. MED. M.D. 22c. PHYSICIAN'S 22d. ADDRESS MAME (Type) Great Mills, Md. Jarboe MDJames P 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town, or county) Mt. Zion Cemetery Lexington Burial 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR Robinson - Leonardtown, Md. arthur S. Krans DATE AUG 1 4 '61

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